


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90270 042 \*\*\*150.00

**DOCUMENT # P95000011693**

1. Entity Name  
**SBR REALTY CORPORATION**



Principal Place of Business  
**3900 S. OCEAN DRIVE  
 HOLLYWOOD, FL 33407**

Mailing Address  
**PO BOX 803  
 KATONAH, NY 10536**

**00005733**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03172006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**65-0556128**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CARBENE, LOUIS  
 11 SOUTH SUMTER AVE  
 DELRAY BEACH, FL 33444**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*11 South Swinton Avenue*  
 City *DeLray Beach* FL Zip Code *33444*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ROSNER, CHARLES</b>	
STREET ADDRESS	<b>PO BOX 803</b>	
CITY-ST-ZIP	<b>KATONAH, NY 10536</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>YACHBES, BART</b>	
STREET ADDRESS	<b>780 N.W. 100TH TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ROSNER, FRANCES</b>	
STREET ADDRESS	<b>PO BOX 813</b>	
CITY-ST-ZIP	<b>KATONAH, NY 10536</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Rosner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_